

**Get Ready!
Get Set!
Get Informed!**



A Quick Look...

Your 2011 Flexible Benefits

State Personnel Administration
2 MLK Jr. Drive
Suite 1920, West Tower
Atlanta, GA 30334



Flexible Benefits for Plan Year 2011

	Dental (Regular & PPO Options)	Dental (DHMO Option)	Vision (Select & Select Plus Plans)	Employee, Spouse, and Child Life	Accidental Death & Dismember- ment	Short Term & Long Term Disability	Specified Illness	Long Term Care	Legal (Select & Select Plus Plans)	Spending Accounts (Health Care & Dep. Care)
Vendor	United Concordia	Cigna	Optum Health	Minnesota Life	Minnesota Life	The Standard	Continental American Insurance Co. (CAIC)	Unum	Hyatt Legal Plans	SHPS
Contact Numbers	1 866 215-2356	1 800 642-5810	1 800 638-3120	404 522-1660 1 800 660-2519	Same as Life Insurance	1 888 641-7186	1 866 849-2958	1 888 764- 3539	1-800-821-6400	1 800-893-0763
Types of Coverage	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	* <u>Employee</u> : 1x to 9x Benefit Salary * <u>Spouse Levels</u> : \$6000, \$12000, \$30000, \$60000, \$100000, \$150000, \$200000, \$250000 * <u>Child Levels</u> : \$3000, \$6000, \$10000, \$15000; \$20000	* <u>Employee</u> : 1x to 9x Benefit Salary (No Spouse or Child coverage)	<u>STD</u> : 7 day or 30 day wait (Employee only) <u>LTD</u> : (Employee only)	* Employee: \$5000, \$10000, \$20000, \$30000, \$40000; \$50000 * Spouse: \$5000, \$10000 * Child: 25% of Employee's coverage (automatic)	Employee only* * A Spouse, Parent, and/or Parent-in-law may enroll in an individual policy directly with the vendor.	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee and any eligible dependents
Premium	<u>Regular</u> Ee \$26.28 Ee + Spouse \$52.55 Ee + Children \$55.17 Ee + Family \$77.88 <u>PPO</u> Ee \$23.58 Ee + Spouse \$47.15 Ee + Children \$49.50 Ee + Family \$63.86	<u>DHMO</u> Ee \$20.25 Ee + Spouse \$37.43 Ee + Children \$46.57 Ee + Family \$55.68	<u>Select Plan</u> Ee \$5.30 Ee + Spouse \$12.17 Ee + Children \$12.73 Ee + Family \$17.49 <u>Select Plus Plan</u> Ee \$5.99 Ee + Spouse \$13.75 Ee + Children \$14.40 Ee + Family \$19.76	* <u>Employee</u> : based on Age, Salary, and Coverage Selection * <u>Spouse</u> : based on Employee's Age and Coverage Selection * <u>Child Rates</u> : \$0.21, \$0.42, \$0.70, \$1.05, \$1.40	* Based on Employee's Coverage Selection: (0.020 per thousand)	* Based on Employee's Age, Salary, Social Security eligibility, and Retirement eligibility	* Based on CAIC's premium rate chart NOTE: Employee's Guaranteed Issue increased to \$30,000 Spouse's rate will be based on the employee's age Child coverage is provided at no additional cost.	* Based on Unum's premium rate chart For this Annual Enrollment ONLY : No EOI required to enroll	<u>Select Plan</u> Employee \$5.67 Family \$6.89 <u>Select Plus Plan</u> Employee \$7.30 Family \$9.60	Monthly contribution by employee. Please refer to the web site for minimum and maximum contribution amounts. A monthly admin. fee of \$3.20 will apply
Eligibility	Benefits will begin the first day of the month after one full calendar month of employment.									

**A 0.55¢ administrative fee is added to each benefit except the Spending Account.

For detailed information on each Flexible Benefit, please visit the GaBreeze web site: www.GaBreeze.ga.gov or by clicking the link from the Team Georgia web site: <http://team.georgia.gov/portal/site/FLEX>
To contact the GaBreeze Benefits Call Center regarding Flexible Benefits you may call toll free 1-877-3GBreez or 1-877-342-7339, Monday – Friday, 8:00 am – 5:00 pm ET (excluding holidays).